

## ERROR ROUTING FORM

**Application Number:**

10700388

**Date:**

62-11-04

**Data Needed For Keying This Application:**

*Please check what is wrong with the case.*

## SCANNERS

- 1 Application missing
- 2 Sheets missing from application, pages \_\_\_\_\_
- 3 Declaration/oath missing
- 4 Drawings or Figures missing
- 5 Filing date not correct, should be \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## CLASSIFIERS

- 1 Group Art Unit, Class
- 2 Foreign Filing License Granted
- 3 Screening

## RAM

- 1 Filing fee not correct, should be \$ \_\_\_\_\_ Code \_\_\_\_\_
- 2 Serial number was posted incorrectly, correct no. \_\_\_\_\_
- 3 No initial authorization to charge this account
- 4 Refund \$ 778 From Code \_\_\_\_\_
- 5 Change of codes 1001 - 1201 - 1202 - 1201 - 1201 - 1201 - 1201 To Code \_\_\_\_\_
- 6 Check of Charge \$ \_\_\_\_\_ Code \_\_\_\_\_
- 7 Claims are counted incorrectly
- 8 Preliminary Amendment adds or cancels claims/multiple claims deleted or added.
- 9 Applicant is/is not entitled to Small Entity Fees

QCER NAME

RETURN TO

**BUILDING:**

**CRYSTAL PLAZA 2**

HANH LE

LOCATION CODE: 0430

ROOM NUMBER: 7D-24